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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. *384*

Registered No. *384*

1. PLACE OF BIRTH

County *Gila*　　　　State *Arizona*

District or Township *Miami*　　　or Village

City *Miami*　　No. *1*　　St., 　　Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child *Clara Soto*

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child *Female*

To be answered ONLY in event of plural births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate? *Yes*

7. Date of birth *Aug 12 1979*
Month　Day　Year

8. FATHER
Full name *Jose Soto*

14. MOTHER
Full maiden name *Sarah Dominguez*

9. Residence (Usual place of abode) *Miami Arizona*
If non-resident, give place and state.

15. Residence (Usual place of abode) *Miami Arizona*
If non-resident, give place and state.

10. Color or race *Mex*

11. Age at last birthday *22* (Years)

16. Color or race *Mex*

17. Age at last birthday *18* (Years)

12. Birthplace (city or place) *Chihuahua*
(State or country) *Mexico*

18. Birthplace (city or place) *Metcalf*
(State or country) *Arizona*

13. Occupation *Miner*
Nature of industry

19. Occupation *H. W.*
Nature of industry

20. Number of children of this mother *1*
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living *1*
(b) Born alive but now dead
(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum? *Yes*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* at *7* A. m. on the date above stated.
(Born alive or stillborn.)

Signature *Clark E. Gray, M.D.*
(Physician or midwife).

Given name added from a supplemental report
Month, day, year

Address *Miami, Arizona*

Filed *Aug 20*, 19 *79*　*C. E. Gray*

Registrar

326-812-249